

06/07/05 16:00 FAX 9525633001

VIDAS ARRETT STEINKRAUS

003

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSU EE  
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004901 7590 04/15/2005  
VIDAS, ARRETT & STEINKRAUS, P.A.  
6109 BLUE CIRCLE DRIVE  
SUITE 2000  
MINNETONKA, MN 55343-9185

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSU FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Robin Peddieson (Depositor's name)  
(Signature)  
June 7, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/940,558	08/27/2001	Lixiao Wang	S63.2-9482	4996

TITLE OF INVENTION: MEDICAL DEVICES UTILIZING MELT-PROCESSIBLE POLY(TETRAFLUOROETHYLENE)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BRUENJES, CHRISTOPHER P	1772	428-036900

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
Scimed Life Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Maple Grove, MN 55311-1566

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if requested) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_  
Typed or printed name William E. Anderson

Date June 7, 2005  
Registration No. 37766

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

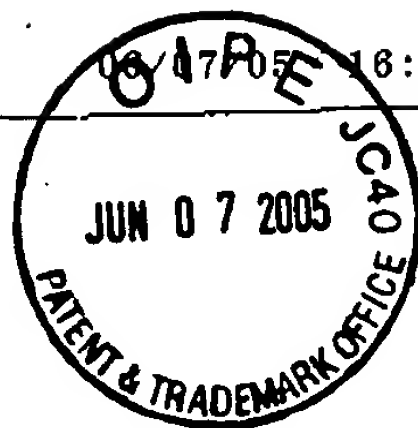
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06/08/2005 CNGUYEN1 00000024 220350

06/08/2005 1400.00 DA  
02 EC:1504 300.00 DA



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Lixiao Wang
Application No.:	09/940558
Filed:	August 27, 2001
For:	MEDICAL DEVICES UTILIZING MELT-PROCESSIBLE POLY (TETRAFLUOROETHYLENE)
Examiner:	Christopher P. Bruenjes
Group Art Unit:	1772
Firm Docket No.:	S63.2B-9482-US01

## MAIL STOP ISSUE FEE

DATE: June 7, 2005TIME: 3:58 p.m.

FACSIMILE NO.: 703-746-4000

TOTAL NUMBER OF PAGES (including transmittal letter): 5

## FACSIMILE TRANSMITTAL LETTER

In addition to this 2 page Facsimile Transmittal Letter, following please find the Part B – Fee Transmittal in duplicate; and 1 page Fee Address Indication Form.

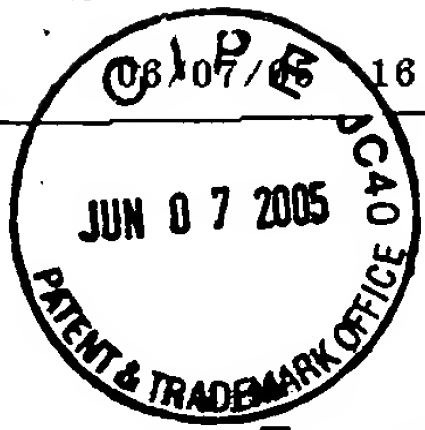
With respect to fees: ☐ No additional fee is believed to be required

☒ Charge the Issue Fee of \$1,400.00 and the Publication Fee of \$300.00 to our Deposit Account No. 22-0350

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If any extension of time for the accompanying response is required or if a petition for any other matter is required, applicant requests that this be considered a petition therefore.

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VIDAS ARRETT STEINKRAUS

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*Transmittal Letter*  
*Issue Fee*  
*Page 2*

*Application No.: 09/940558*  
*Attorney Docket No.: S63.2-9482-US01*

Respectfully submitted,  
VIDAS, ARRETT & STEINKRAUS

By:

William E. Anderson II  
Registration No.: 37766

Date: June 7, 2005

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Minnetonka, MN 55343-9185  
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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 703-746-4000, on June 7, 2005.

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Robin Peddieson